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## 4.0 Completing the LOCET

### 4.1 Section A. Setting the Stage:

At the beginning of the LOCET interview, the intake analyst will explain several things to the informant, including:

- the purpose of the LOCET process
- importance of giving truthful answers to LOCET questions
- quality measures within the LOCET process
- possible recording of telephone interview
- random selection of LOCET cases to be interviewed on an in-person basis
- that written results of the determination and appeal rights will be issued
- all program requirements must be met for any particular long term care program.

The informant will then be asked of his/her understanding of these factors. If the informant does not indicate understanding of this process, the call must be referred to a supervisor near the intake analyst. Items 2.A.-2.E and 3 must be completed to indicate the informant understands.

If the LOCET is completed in regard to a Nursing Facility admission, the informant must sign and date the hardcopy LOCET immediately after Section A in the space provided. The most appropriate person to sign the LOCET here is the actual informant, the person who is giving information for the LOCET. However, there are some instances where the applicant who is serving as the informant is not able to sign his / her own name, because of medical incapacitation.

/

In this instance, the nursing facility staff may sign Section A of the LOCET. The nursing facility staff will sign his / her own name here, indicating that the items in Section A were explained and understood by the informant.

**SECTION A. SETTING THE STAGE**

The intake analyst will explain the eligibility determination process to the informant. The informant will indicate understanding of this process by checking the appropriate box.

1. The informant understands the purpose of the interview is to determine if the person being assessed is eligible for medical eligibility review for publicly funded long-term care services, and that it is expected to provide objective and accurate information about the applicant to assist in this determination.

2. The following items have been explained to me:

a. The information I provide during the interview may be used for quality improvement purposes. ☐ Yes ☐ No

b. The information I provide will be used to determine medical eligibility for long-term care services extended through the Louisiana Department of Health and Hospitals. ☐ Yes ☐ No

c. I understand that the information I provide will be used to determine medical eligibility for long-term care services extended through the Louisiana Department of Health and Hospitals. ☐ Yes ☐ No

d. I understand that the information I provide will be used to determine medical eligibility for long-term care services extended through the Louisiana Department of Health and Hospitals. ☐ Yes ☐ No

e. I understand that the information I provide will be used to determine medical eligibility for long-term care services extended through the Louisiana Department of Health and Hospitals. ☐ Yes ☐ No

3. Informant understands that eligibility for long-term care services is determined by the Louisiana Department of Health and Hospitals.

Signature of Informant: Sally White, LPN for J. Smithery mm/dd/yy

**READER's KEY:** Lines of text marked with a marginal designator in the left margin do not appear in the LOCET User Manual for Nursing Facility Personnel. See pp. i and ii.

## 4.2 Special Note on Auto Population of Sections AA, CC and DD of LOCET

Sections AA (Identification), CC (Personal Rep) and DD (Physician Info) will auto populate from information found in Sections A, C and E of the Client Face Sheet.

In order to initiate a LOCET in the system, the user must first select an applicant or open the Client Face sheet which pertains to the applicant whose LOCET will be entered. Then, the LOCET button on the Left Margin must be selected. This will allow all current LOCETs to be visible to the user.

TeleSys  
DESKTOP MODULE

Add new LOCET for Joseph Smithery?

View All  
Search  
Find Next  
Find Prev  
Reset

ID	Foreign ID	Last Name	First Name	Opened	Prg/Serv	Region	DOB	Sex
40043624		Smithery	Joseph				9/18/1921	995

LOCET Assessment List

ID	Last Name First Name	DOB	Region	LOCET Status	Type	LOCET Begun	Imm Risk
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LOCET Manual  
Add New LOCET  
View LOCET

If a new LOCET must be entered, the user will select the “Add New LOCET” selection is made on the Left Menu display, the user will be prompted to answer a question: “Add a New LOCET for *Applicant Name*?”

**At this point it is imperative that the user be sure of two things:** (1) that the applicant selected is the correct one for the desired input, and (2) that the information contained in the Client Face Sheet for this applicant is current and correct.

If either of the above questions is answered “No” by the user, then the question’s answer “No” must be selected to prevent an unnecessary or incorrect LOCET from being generated.

Once the user answers “Yes” to the prompted question, a new LOCET will be opened and the information contained in the Client Face Sheet Sections A, C and E will be **permanently** transferred to LOCET Sections AA, CC and DD. This auto populated information **may not be changed on the LOCET.** **If the user finds that either the information is not correct, or the LOCET was generated for the wrong applicant, the LOCET System Administrator must be contacted via email to delete the erroneous LOCET.**

### 4.3 Instructions for Requesting Deletion of a LOCET

If a user notes that a LOCET was generated in error, it must be deleted by a LOCET System Administrator. The request for deletion should be sent to the LOCET System Administrator via email and should contain the following information:

- 1--System-generated Client ID number
- 2--System-generated LOCET ID number
- 3--Applicant's first and last initials

4—Reason for requesting deletion of LOCET. For example: “Address not updated on Client Face Sheet prior to adding a new LOCET,” or added “new LOCET on incorrect applicant.”

## 4.4 Section AA. Identification Information:



This section will auto populate and lock from the Client Face Sheet data. See Section 4.2 for a discussion of the locking feature in this section of the LOCET after auto population has taken place.

## 4.5 Section BB. Evacuee Determination:

Section BB will be completed only after an evacuation event in Louisiana has occurred. Section BB will be skipped in its entirety in normal times of operation. After an evacuation event, DHH may instruct users to begin collecting information in Section BB. Once data collection in Section BB has begun, it will continue for a total of 12 months after the evacuation event.

**Item BB.1:** If OAAS has instructed that Section BB is to be answered, and if Item BB.1. is “No,” then skip to Item EE.2. If the answer to Item BB.1. is “Yes,” then proceed with other questions in section BB.

Question the informant regarding the applicant’s location, living arrangement satisfaction.

**SECTION BB. EVACUEE DETERMINATION**

1. **Evacuee Status**  
Is the applicant an evacuee of a catastrophic event which occurred within the last 12 months?  
0. No (Skip to Section CC) 1. Yes

2. **Choice of Destination**  
Was the applicant given a choice regarding where he / she wanted to evacuate?  
0. No 1. Yes

3. **Out of State**  
Is the applicant currently living out of state due to a recent catastrophic event within his / her usual living area?  
0. No 1. Yes

4. **Living Arrangement Satisfaction**  
Is the applicant satisfied with his / her current living arrangements?  
0. No 1. Yes

In Item BB.5, indicate the living arrangement that the applicant would prefer to have. Item BB.6 elicits information about the actual living arrangement prior to the evacuation event.

5. **Preferred Living Arrangements**  
1. Private home/apartment 4. Nursing Home  
2. Hospital 5. Other  
3. Adult Residential Center/board and care

6. **Living Arrangements Prior to Evacuation**  
1. Private home/apartment 4. Nursing Home  
2. Hospital 5. Other  
3. Adult Residential Center/board and care

7. **Extent of Residence Damage**  
0. None 3. Extensive - Uninhabitable  
1. Minor - inhabitable 4. Unknown  
2. Extensive - inhabitable

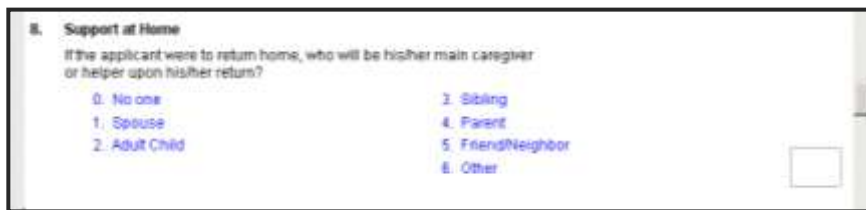
Information about any damage to the applicant’s usual residence is gathered

in Item BB.7. Care should be taken when asking Item BB.7. Remember that the educational level of the informant should be considered when selecting vocabulary for questions. Sometimes the analyst



**READER’s KEY:** Lines of text marked with a marginal designator in the left margin do not appear in the LOCET User Manual for Nursing Facility Personnel. See pp. i and ii.

may find it necessary to ask, “Is anyone able to live in the home?” rather than to say, “Is the home inhabitable?”



B. Support at Home

If the applicant were to return home, who will be his/her main caregiver or helper upon his/her return?

0. No one	3. Sibling
1. Spouse	4. Parent
2. Adult Child	5. Friend/Neighbor
	6. Other

Item BB.8 refers to the main caregiver who will be helping the applicant upon returning to his/her usual residence after the evacuation. Select the appropriate answer.

#### 4.6 Section CC. Personal Representative Information:



This section will auto populate and lock from the Client Face Sheet data. See Section 4.2 for a discussion of the locking feature in this section of the LOCET after auto population has taken place.

#### 4.7 Section DD. Items 1 – 3, Primary Physician Identification:



This section will auto populate and lock from the Client Face Sheet data. See Section 4.2 for a discussion of the locking feature in this section of the LOCET after auto population has taken place.

## 4.8 Section EE. Initial Call and LOCET Type:

**4.8.1 Item 1:** Indicate whether the LOCET was initiated by DHH Designee, Applicant, or an Informant per these instructions:

**Selection 0: DHH Designee:** Make this selection when:

- a. The LOCET is initiated by a DHH employee for the purpose of:
  1. Random Audit Review ordered by OAAS State Office
  2. Face-to-face LOCET interview for verification purposes (a non-random audit review)
- b. The LOCET is initiated by the DHH contractor because:
  1. The original LOCET phone call made by the applicant / informant could not be taken at the time it was received and a call-back was made to complete the LOCET
  2. The contractor has contacted an applicant / informant shown on a list of persons to contact for LOCETs relative to potential waiver slot offers
  3. The contractor has contacted an applicant / informant relative to an interrupted LOCET which was started within the previous 48 hours (Type 3: Follow-up after Incomplete)

**Selection 1: Applicant:** Make this selection when the call requesting a LOCET is received from the applicant him/herself.

**Selection 2: Informant:** Make this selection when the call requesting a LOCET is received from someone other than the applicant.

**4.8.2 Item 2:** Enter the date and time the LOCET was initiated. Use military time as illustrated in the table below. **This is a required field on every LOCET which is started. The LOCET begin date must be completed, even if the LOCET was opened by mistake.**



#### 4.8.2.1 Military Time

The following table summarizes the relationship between regular and military time. 7:15 a.m. in regular time would be expressed as 0715 in military time; 1:30 p.m. in regular time would be expressed as 1330 in military time.

Regular Time	Military Time	Regular Time	Military Time
Midnight	0000	Noon	1200
1:00 a.m.	0100	1:00 p.m.	1300
2:00 a.m.	0200	2:00 p.m.	1400
3:00 a.m.	0300	3:00 p.m.	1500
4:00 a.m.	0400	4:00 p.m.	1600
5:00 a.m.	0500	5:00 p.m.	1700
6:00 a.m.	0600	6:00 p.m.	1800
7:00 a.m.	0700	7:00 p.m.	1900
8:00 a.m.	0800	8:00 p.m.	2000
9:00 a.m.	0900	9:00 p.m.	2100
10:00 a.m.	1000	10:00 p.m.	2200
11:00 a.m.	1100	11:00 p.m.	2300

#### 4.8.3 Item 3: Record the type of LOCET per the following instructions:



**Selection 1. Initial Determination:** Code this selection in the following situations:

- No previous LOCET has been conducted for this applicant.
- There is a previous LOCET in the software system, but the previous LOCET is incomplete and this caller is calling after 2 business days have passed since the date shown in EE.2 on the incomplete LOCET.
- There is a previous LOCET in the software system, but the LOCET status and / or Imminent Risk status is not "Approved."

- d. There is a previous LOCET in the software system, and the date of the LOCET (Item EE.2) is more than one year from the current date.
- e. If a call is interrupted and the original LOCET interview resumes within 24 hours, the type of LOCET on the original remains an initial determination (see Diagram “EE.3 Coding for Interrupted Call” on following page for details).

**Selection 2. Audit Review Determination:** Code this selection **only if the LOCET is being done as a random Audit Review Determination as ordered by the OAAS State Office.**

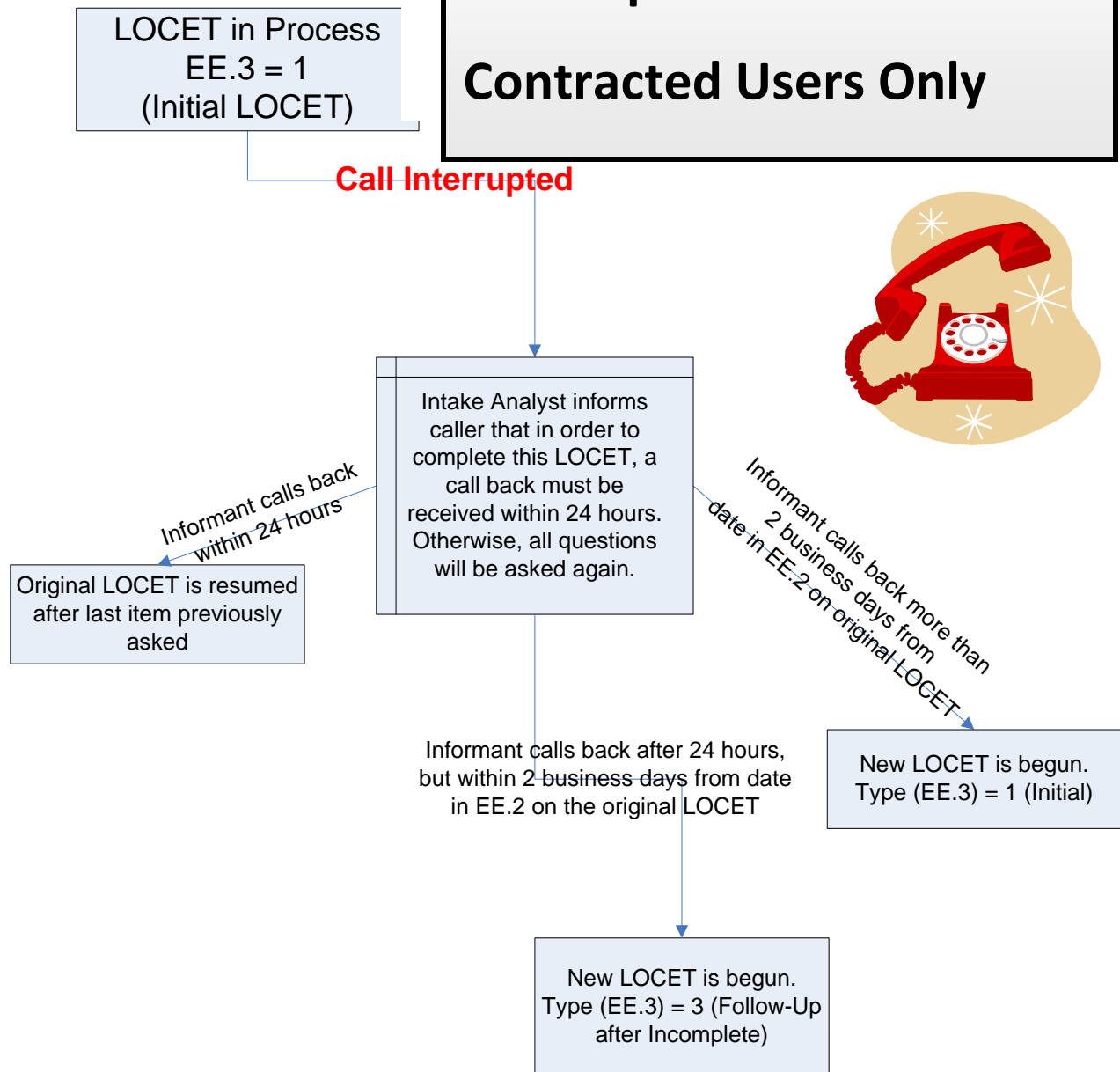
**Selection 3. Follow-up after Incomplete:** Code this selection in the following situations:

- a. The previous LOCET for this individual was interrupted and this call has been received more than 24 hours later but less than 2 business days after the interrupted LOCET. (see Diagram “EE.3 Coding for Interrupted Call” on following page for details).
- b. OAAS State Office has directed a particular LOCET to be coded as “Follow-up after incomplete.”

**Selection 4 . Annual Reassessment:** This selection is not currently used.

## EE.3. Coding for Interrupted Call

### Contracted Users Only



#### 4.9 Section FF. Program Choice:

Indicate the applicant's choice of Long Term Program(s). Some callers may be informed prior to placing the call and will know which program is desired. Others will not know and will need an explanation of programs to assist them in determining their preferred program(s). The analyst will enter the applicant's choice as stated in the interview or when the Program Choice Form is returned to the contracted agency.

**This field is not locked upon completion of the LOCET. The Program Choice must be updated to correctly reflect all of the applicant's program choices.**

The Intake Analyst will enter a 0 for "No" or 1 for "Yes" to each of the programs listed:

**Selection a:** Program Choice not declared at this time.

**Selection b:** Adult Day Health Care Waiver Services (ADHC): A waiver service which provides direct care for the physically and/or mentally impaired. This service provides a pre-determined number of hours per day of oversight for the individual in a licensed day care center.

**Selection c:** Elderly and Disabled Adult Waiver Services (EDA): A Medicaid Home and Community-based waiver providing alternative services to elderly and disabled adults. These services allow the applicant to live in the community instead of a Nursing Home or Institution.

**Selection d:** Long Term Personal Care Services (LT-PCS): A State Plan program which offers assistance to Medicaid recipients and allows them to remain in their homes rather than going to a nursing home. All applicants must meet Level of Care requirements as defined by LOCET.

**Selection e:** PAS: Not Used. This selection has been disabled

**Selection f:** Program of All-Inclusive Care for the Elderly (PACE): A program which offers pre-paid, capitated, comprehensive health care services in a specific geographic area. The services are designed to assist elders 55 and older to live in their homes in the community as long as it is medically and socially feasible. PACE programs coordinate and provide all needed preventive, primary, acute and long term care services. All Medicare and Medicaid services must be covered services, including physician, hospital care, and nursing facility services.

**Selection g:** Adult Residential Care Program (ARCP): This selection is currently disabled and will be activated when needed.

**Selection h: Nursing Facility Admission:** Long term services provided for maintenance, personal care or nursing for persons who, by reason of illness or physical infirmity or age, are unable to properly care for themselves.

#### 4.10 Section GG. Diagnoses and ICD-9 Codes

Section GG requests information from the applicant regarding the diagnoses that he/she is aware of. It is acknowledged that the applicant may not be completely accurate (from a medical standpoint) regarding his / her diagnoses. But the Intake Analyst will ask questions such as, “What conditions is your doctor treating you (the applicant) for?” or “What would you say is your (the applicant’s) main medical problem?” and “What is another medical problem that you (he/she) receive(s) treatment for?” These type questions will direct the applicant or informant to state conditions which are close to the primary and secondary diagnoses.

Once the applicant / informant has answered focused questions similar to those mentioned above, the Intake Analyst will capture the diagnoses closest to the descriptions given.

##### **Item GG.a:**

Choose the primary diagnosis and the corresponding ICD-9 code in the blocks.

##### **Item GG.b:**

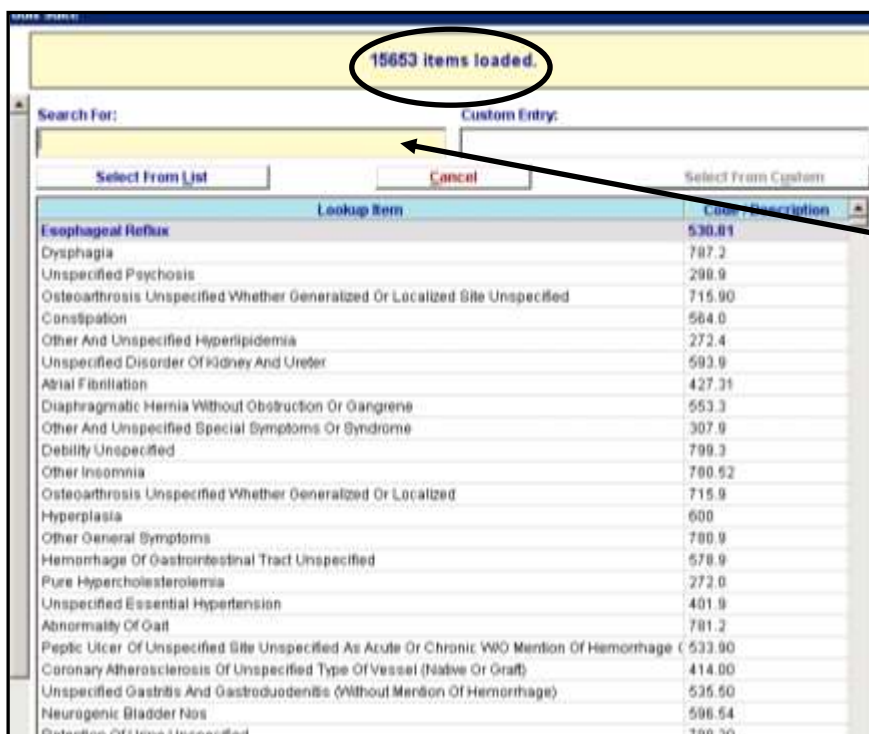
Choose the secondary diagnosis and the corresponding ICD-9 code in the blocks.

##### 4.10.1 Accessing the Diagnosis Codes:

The LOCET Diagnosis Code listing includes over 15,000 entries with corresponding ICD-9 codes. This portion of the software must be accessed using the following instructions:

SECTION GG. PRIMARY AND SECONDARY DISEASE		
	Diagnoses	ICD-9 Code
Primary Diagnosis	a. [Shaded Input Field]	
Secondary Diagnosis	b. [Input Field]	

Place the cursor over the shaded area as shown here. Press “Enter.” This will open the Lookup Item List of the diagnosis software with all entries.

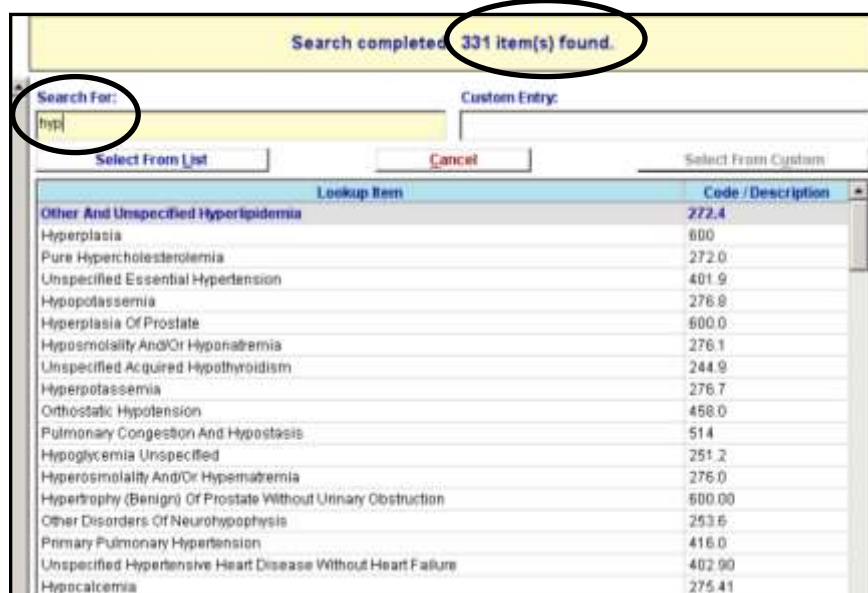


1. Place the cursor in the "Search for" box.

2. Begin typing the diagnosis name. Notice that the diagnosis software will begin to eliminate entries which do not fit the diagnosis name

being typed.

3. By typing only the first three letters, the possible selections which match have gone from 15,653 to 331 in the Lookup Item list.



4. As typing progresses in the “Search for” box, the number of selections which match the typing continues to diminish. In this example, when the Intake Analyst has completed typing the word “hypertension,” there are only 58 selections from which to choose.

The top screenshot shows a search interface with the following data:

Lookup Item	Code / Description
Unspecified Essential Hypertension	401.9
Hypertrophy (Benign) Of Prostate Without Urinary Obstruction	605.00
Primary Pulmonary Hypertension	
Unspecified Hypertensive Heart Disease Without Heart Failure	
Hypertonicity Of Bladder	
Acquired Hypertrophic Pyloric Stenosis	
Antepartum Benign Essential Hypertension	
Antepartum Transient Hypertension	
Benign Essential Hypertension	
Benign Essential Hypertension Complicating Pregnancy	
Benign Essential Hypertension Complicating Pregnancy	
Benign Essential Hypertension With Delivery	

The bottom screenshot shows the same search interface with the following data:

Lookup Item	Code / Description
Unspecified Essential Hypertension	401.9
Primary Pulmonary Hypertension	416.0
Antepartum Benign Essential Hypertension	642.03
Antepartum Transient Hypertension	642.33
Benign Essential Hypertension	401.1
Benign Essential Hypertension Complicating Pregnancy Childbirth Puerperium	642.0
Benign Essential Hypertension Complicating Pregnancy Childbirth Puerperium Unspecified Epis	642.00
Benign Essential Hypertension With Delivery	642.01
Benign Essential Hypertension With Delivery With P	642.02
Benign Intracranial Hypertension	348.2
Benign Renovascular Hypertension	405.11
Benign Secondary Hypertension	405.1
Chronic Venous Insufficiency (Hemorrhoids)	458.0

5. The Intake Analyst will then select the appropriate diagnosis from the list of items which remain on the Lookup Item list by placing the cursor over the diagnosis and pressing “Enter” on the keyboard. This will cause the chosen diagnosis and related ICD-9 code to be shown in LOCET Section GG.a.

SECTION GG. PRIMARY AND SECONDARY DISEASE

Diagnoses	ICD-9 Code
Primary Diagnosis a. Unspecified Essential Hypertension	401.9
Secondary Diagnosis b.	

6. The same process should be repeated for Section GG.b., Secondary Diagnosis.

**Although Section GG. will allow “free type” in the diagnosis and ICD-9 Code areas, it is not recommended. Using the access method described above will ensure accurate statistical reports.**

## 4.11 Section B. Items/information to collect at beginning of interview process

All items must be answered carefully. This section asks questions regarding the applicant's living arrangements, such as current location of applicant, condition of applicant's housing, prior nursing home residence within the last five years.

As stated earlier, the "informant" is the person who has placed the call or is being interviewed and is giving information regarding the applicant. Care shall be taken to determine the actual relationship between the informant (caller) and the applicant.

**Remember, the answers that the Intake Analyst codes in the LOCET must be the analyst's best judgment of the correct answer based on all available sources of information.**

SECTION B. Items / Information to collect at beginning of interview process

4. Relationship of informant to applicant (select only one):

- 0. Self (Skip to Item B7)
- 1. Spouse
- 2. Child or child-in-law
- 3. Other relative
- 4. Friend/neighbor
- 5. Hospital discharge planner
- 6. Nursing home admissions staff
- 7. Other health care professional. Please specify
- 8. Other, Please specify

### 4.11.1 Item B.4: Relationship of Informant to Applicant:

Code the selection which best describes the relationship of the informant to the applicant.

**Selection 0: Self:** Code this selection if an applicant is giving information for LOCET him/herself.

**When this Selection is made, the intake analyst must skip to Item B.7.**

**Selection 1: Spouse:** Code this selection when a spouse is giving information about the applicant for the LOCET.

**Selection 2: Child or child-in-law:** Code this selection when a daughter, son, daughter-in-law or son-in-law is giving information about the applicant for the LOCET.

**Selection 3: Other relative:** Code this selection when a relative other than the spouse, a daughter, son, daughter-in-law or son-in-law is giving information about the applicant for the LOCET.



**Selection 4: Friend / neighbor:** Code this selection when a friend or neighbor (non-relative) of the applicant is giving information about the applicant for the LOCET.

**Selection 5: Hospital Discharge Planner:** Code this selection only if the applicant is currently a hospital patient at the time the LOCET is being completed and a hospital discharge planner is giving information about the applicant for the LOCET.

**Selection 6: Nursing Home Admissions Staff:** Code this selection if the nursing facility staff is acting as the informant for the applicant because there is no one else to give reliable information about the applicant's activities in the last 7 day.

**Selection 7: Other Health Care Professional (specify):** Code this selection if the informant for the applicant is a health care professional other than a hospital discharge planner or nursing home admissions staff. Specify in the blank what type of health care professional this informant is, e.g., "nurse in primary care physician's office."

**Selection 8: Other, (specify):** Code this selection if the informant's relationship to the applicant cannot be captured in any other category above. Specify what that relationship is in the blank provided, e.g., "manager of homeless shelter."

5. Informant's information sources regarding the status/abilities of applicant  
(select all that apply)

0. No      1. Yes

a. Direct observation of the applicant

b. From paid care providers

c. From family or other informal caregivers

d. Review of agency records, care provider status reports, etc.

e. Other

(Other, please specify)

#### 4.11.2 Item B.5: Informant's information sources

##### Informant's information sources regarding the status/abilities of applicant:

It is important to know the informant's sources of information regarding the status of the applicant. The informant referred to in this item is the informant who is identified in item B.4. on the LOCET. **If "Self" is selected in Item B.4., Item B.5 must not be answered.**

Recognizing that an informant may have more than one source of information regarding the applicant, multiple selections may be made in Item B.5. Each of the following information sources must be coded as "0" for "No, this is not an information source which the informant (shown in Item B.4.) has used to know about the applicant's status or abilities," or "1" which would indicate, "Yes, the informant identified in Item B.4. has used this information source to gather information about the applicant's status or abilities."

a. Direct observation of the applicant:

Code this selection “0” if the informant shown in Item B.4. has not seen the applicant.

Code this selection “1” if the informant shown in Item B.4. has seen the applicant.

**If “0” is selected for Item B.5.a., that is, direct observation is not a source of information about this applicant, Item B.6. should be skipped.**

b. From paid care providers:

Code this selection “0” if the informant shown in Item B.4. has not received information about the applicant’s status and abilities from paid care providers.

Code this selection “1” if the informant shown in Item B.4. has received information about the applicant’s status and abilities from paid care providers.

5. Informant's information sources regarding the status/abilities of applicant  
(select all that apply)

0. No 1. Yes

a. Direct observation of the applicant

b. From paid care providers

c. From family or other informal caregivers

d. Review of agency records, care provider status reports, etc.

e. Other

(Other, please specify)

c. From family or other informal caregivers:

Code this selection “0” if the informant shown in Item B.4. has not received information about the applicant’s status and abilities from the applicant’s family or any informal caregiver the applicant may have.

Code this selection “1” if the informant shown in Item B.4. has received information about the applicant’s status and abilities from the applicant’s family or any informal caregiver the applicant may have.

d. Review of agency records, care provider status reports, etc.:

Code this selection “0” if the informant shown in Item B.4. has not reviewed agency records or care provider written status reports to learn of the applicant’s status and abilities.

Code this selection “1” if the informant shown in Item B.4. has reviewed agency records or care provider written status reports to learn of the applicant’s status and abilities.

e. Other:

Code this selection “0” if the informant shown in Item B.4. has not obtained information about the applicant’s status and abilities from any other source which is not categorized above.

Code this selection “1” if the informant shown in Item B.4. has obtained information about the applicant’s status and abilities from any other source which is not categorized above. The specific source of information must be entered in the blank provided.


6. If information source is from direct observation of applicant, indicate how recently observation occurred:

1. within last three days
2. within last week
3. within last month
4. more than one month ago


#### 4.11.3 Item B.6: Time since last direct observation

**If the only source of information that the informant has about the applicant is from direct observation of the applicant,** record here the informant’s statement as to how recently he/she has observed the applicant. **If there are other sources of information indicated in Item B.5., skip this question.**

If the **only** source of information about the applicant is direct observation, and that observation occurred more than one week prior to the date of the LOCET, another source of information must be used for the LOCET. LOCET will be assigned Incomplete Status (because of an Uninformed Caller).

 In other words, if Item B.6 indicates selection 3, or 4, the current LOCET should be terminated at this point. The informant who calls into a contracted call center must be told that we need to speak to someone who has recent observation of the applicant and who is aware of the applicant’s abilities.

**If “0” is selected for Item B.5., that is, direct observation is not a source of information about this applicant, Item B.6. should be skipped. If more than one selection is answered “1” for “Yes” in Item B.5., Item B.6. must be skipped and left blank.**

 **READER’s KEY:** Lines of text marked with a marginal designator in the left margin do not appear in the LOCET User Manual for Nursing Facility Personnel. See pp. i and ii.

7. Current location of applicant (select only one):

- 0. Private home/apartment
- 1. Hospital
- 2. Adult Residential Center (Assisted Living)/board and care
- 3. Nursing Home
- 4. ICF/DD
- 5. Shelter (for homeless, disaster-related or otherwise)
- 6. Other, please specify

#### 4.11.4 Item B.7: Current location of applicant:

Select only one answer which indicates the current location of the applicant. Please note that ICF/DD is a separate category from Adult Residential Center (Assisted Living)/Board and Care (see definitions of these terms).

8. Does the applicant currently have safe and accessible housing in his/her community outside of an institutional setting?

0. No      1. Yes      2. Unknown to informant

#### 4.11.5 Item B.8: Applicant's housing condition:

Record the informant's report regarding the applicant's housing outside of an institutional setting. Safe and accessible means housing that is not in dangerous disrepair and housing that the applicant can go in and out of without endangering him/herself.

A suggested way to ask this item is: "If the applicant were to leave the facility, does he/she have a place to go which is safe and which he/she can get in and out of easily?"

9. Has the applicant been a resident of a nursing home at any time during the last five years?

0. No      1. Yes      2. Unknown to informant

#### 4.11.6 Item B.9: Nursing home residence of applicant:

Indicate in this item if the applicant has been a nursing home resident at any time within the last five years.



10. Thinking of the person who usually helps or gives care for the applicant, please answer the following:

Caregiver's Name:

(This name will be used in questions 10A, 10B and 10C.)

10A. Care Giver's Date of Birth:     —   —

(Skip to Item 10C if Date of Birth given) Year Month Day

10B. If Date of Birth is not known, what is care giver's current age?

10C. Does the care giver have a disability?

0. No 1. Yes 2. Unknown to informant

The intake analyst will ask the following questions prior to entering a name (or “None”) in item B.10 (caregiver’s name):

1. **Is there someone who cares for or helps the applicant and is at least 18 years old?**

If the answer to this question is **“No,”** the intake analyst will enter “None” in item B.10 and then skip to Item B.11.

If the answer to this question is **“Yes,”** the intake analyst will ask the following question:

2. **How many days per week does this person usually see the applicant?**

If the answer to this question is **two or less days per week**, the intake analyst will enter “None” in item B.10 and then skip to Item B.11.

If the answer to this question is **three or more days per week**, the intake analyst will then ask the following question:

3. **What type of care or help does this person do for the applicant?**

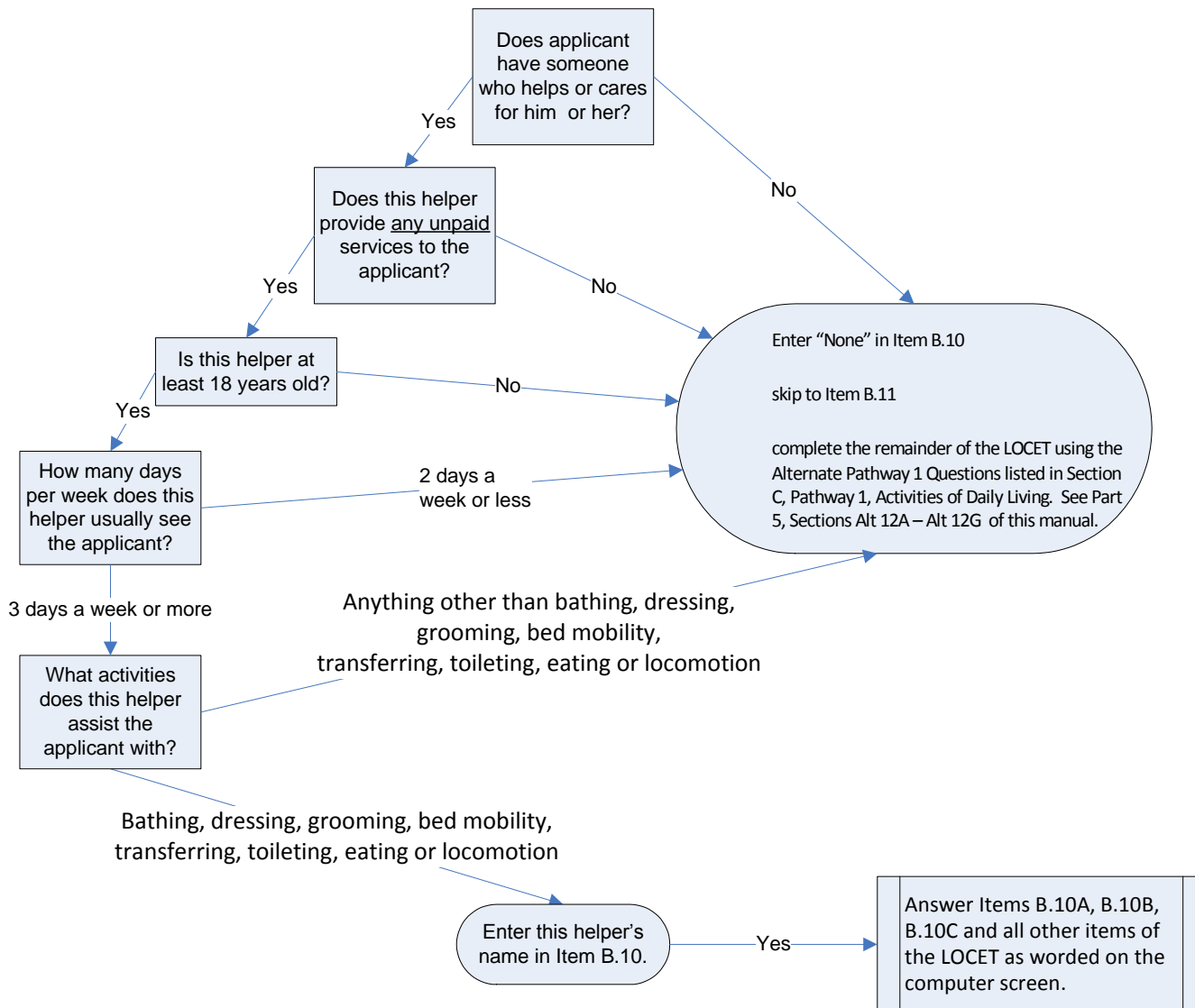
If this answer **does not refer to helping with bathing, dressing, grooming, bed mobility, transferring, toileting, eating or locomotion**, enter “None” in item B.10 and then skip to Item B.11.

If the answer to this question **refers to helping with bathing, dressing, grooming, bed mobility, transferring, toileting, eating or locomotion**, enter this caregiver’s name in item B.10 and then proceed to answer Items B.10A or B.10B and B.10C **and all other items of the LOCET as worded on the computer screen.**

If, according to the answers of questions 1, 2 and 3 above, a caregiver’s name is recorded in Item B.10, Items B.10A, B.10B, and B.10C will refer to the caregiver who is named in Item B.10.

If, according to the answers of questions 1, 2 and 3 above, “None” is entered in Item B.10, skip to Item B.11 and complete the remainder of the LOCET **using the Alternate Pathway 1 Questions listed in Section C, Pathway 1, Activities of Daily Living. See Part 5, Section C of this manual.**

#### 4.7.3.1 Schematic of Decision Tree for Determination of Active Caregiver – HCBS Applicant



#### **4.11.7.4 Caregiver Drilldown for Nursing Facility Applicants**

For individuals requesting nursing facility services, whose LOCET packet has been submitted to the OAAS Regional Office, the Exception Criteria is investigated by OAAS staff when the following conditions have been met:

- The LOCET which the nursing facility submitted does not trigger any pathway AND
- The individual's admit date is not more than six days prior to the date the LOCET is completed (date shown on LOCET in Item EE.2).

If the individual was in the nursing facility for each of the seven days prior to the date of the LOCET, the Exception Criteria does not apply to him: he has had benefit of caregivers in the nursing facility during all of the Pathway 1 look-back period while he was in the nursing facility. For further details of this process for Nursing Facility applicants, please refer to the Level of Care Eligibility Chapter of the OAAS Policy and Procedure Manual, Section 6.1.

#### **4.11.8 Item B.10A: Caregiver's Date of Birth:**

The intake analyst will use the caregiver's name (recorded in Item B.10) to ask the informant of the caregiver's date of birth. It will be recorded in Item B.10A. If the date of birth is not known, this item will be left blank. If the date of birth is recorded here, the intake analyst may skip to Item B.10C.

#### **4.11.9 Item 10B: Caregiver's Age:**

The intake analyst will use the caregiver's name (recorded in Item B.10) to ask the informant of the caregiver's age when the date of birth is not known (Item B.10A).

#### **4.11.10 Item B.10C: Caregiver Disability:**

The intake analyst will use the caregiver's name (recorded in Item B.10) to ask the informant of the caregiver's disability status.



#### 4.11.11 Item B.11A: Memory Exercise:

Item B.11A, in conjunction with Item D.13B, will constitute an informal memory exercise for the applicant. This item must be omitted if the Intake Analyst is not speaking directly with the applicant.

The analyst will name three simple, unrelated items for the applicant to remember, for instance, “book, tree, dish.” The applicant will be instructed not to write the words, but to repeat them to the analyst to ensure the applicant’s verbal understanding of the words.

The analyst will enter the three words in the appropriate space of item B.11A and inform the applicant that in five minutes he/she will be asked to recall the words.

Once the third word is typed in, an automatic timer within LOCET software will begin to time a 5-minute interval. At the end of the interval, an on-screen prompt will inform the analyst to ask for the recall of the three words. At this time, the analyst will answer Item D.13B, scoring according to the applicant’s ability to recall the three words.